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K.SALY EXAMINER MAR 1 - 2013



CT_Corporation

515 East Park Avenue Tallahassee, FL 32301 850 222 1092 tel 850 222 7615 fax www.ctcorporetion.com

February 27, 2013

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 8690436 SO

Customer Reference 1: 38761-10170

Customer Reference 2: 31431

Dear Department of State, Florida:

Please obtain the following:

PROPLASTIX INTERNATIONAL, INC (FL) Conversion Florida

PROPLASTIX INTERNATIONAL, LLC (DE) Registration Florida

PROPLASTIX INTERNATIONAL, LLC (DE) Obtain Document - Misc - Certified Copy of merger filing Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO

	TOMPLIANCE WITH SECTION 608:303, FIDAIDA STATOS TTED LIABILITY COMPANY TO TRANSACT BUSINESS IN TH		state of Florida:				
1. F	ProPlastix International, LLC						
··-	(Name of Foreign Limited Liability Company; must inclu	ude	"Limited Liability Company," "L.L.C.," or "LLC.")				
cons	ent of the managers or managing members adopting the alte	ose erna	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability				
	pany," "L.L.C," "LLC.")						
2. ^D	elaware	3.	59-3480508 (FEI number, if applicable)				
c	urisdiction under the law of which foreign limited liability ompany is organized)		(FEI number, if applicable)				
4.	December 4, 1997	5.	Perpetual				
•	(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")				
6.							
•••	(Date first transacted business in FI (See sections 608.501 & 608.502 F.S	lori S. t	da, if prior to registration.) o determine penalty liability)				
7	861 N. Hercules Avenue		FEB -				
	Clearwater, FL 33765		28				
•	(Street Address	s o	f Principal Office)				
8.	If limited liability company is a manager-managed	d c	ompany, check here				
9. The name and usual business addresses of the managing members or managers are as follows: Matthew DeSoto, 861 N. Hercules Avenue, Clearwater, FL 33765 Pete DeSoto, 861 N. Hercules Avenue, Clearwater, FL 33765							
	Brett C. Habstritt, 222 S. Ninth Street, Suite 3130, Minneapolis, MN 55402						
	Jeffrey A. Mudge, 222 S. Ninth Street, Suite 3130, Minneapolis, MN 55402						
10.	Attached is an original certificate of existence, no more than 9)Od	ays old, duly authenticated by the official having custody of records i				
thej	urisdiction under the law of which it is organized. (A photoco	ору	is not acceptable. If the certificate is in a foreign language, a				
trant	slation of the certificate under oath of the translator must be su	IŲH					
11. Nature of business or purposes to be conducted or promoted in Florida: manufacturing, selling							
	and distributing vinyl, aluminum and composite windo	w	and door products				
	X Report		• • • • • • • • • • • • • • • • • • • •				
Signature of a member or an authorized representative of a member.							
	(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the						
	penalties of perjury that the facts stated herein are to document to the Department of State constitute	rue es a	I am aware that any false information submitted in a athird degree felony as provided for in s.817.155, F.S.)				

Typed or printed name of signee

Brett C. Habstritt

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability	Company is:				
ProPlastix International, LLC						
If unavailable,	the alternate to be used	d in the state of Florida is:				
2. The name a	and the Florida street ad	ddress of the registered agent and office are:				
	CT Corporation System					
	(Name)					
	1200 South Pine Island Road					
	Florida Street Address (P.O. Box NOT ACCEPTABLE)					
	Plantation	FL 33324				
		City/State/Zip				

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

By: Connie Building	Connie Bryan
(Signature)	Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND

CORRECT COPY OF CERTIFICATE OF FORMATION OF "PROPLASTIX

ITERNATIONAL, LLC" FILED IN THIS OFFICE ON THE TWENTY-SEVENTH

DAY OF FEBRUARY, A.D. 2013, AT 1:22 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF FORMATION IS THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2013, AT 6 O'CLOCK P.M.

5295034 8100V

130242028

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0247610

DATE: 02-28-13

You may verify this certificate online at corp.delaware.gov/authver.shtml